

THE ALLERGY DIARIES  
Jill Christman

Part One: The Beginning

Months before my first baby was born here in the middle of Indiana, I received an invitation from a university in Alabama to give a reading, and having no real idea what it means to leave a breastfed four-month-old baby, and imagining in my gestational brain this liquid marriage between my writer/teacher life and motherhood, I accepted the invitation. Go ahead and chuckle.

So a good two months before my scheduled trip, I started to panic. I wanted my husband Mark to fly down with me and hang out with Ella in the hotel room while I gave the reading, but he had to stay home to teach. Mark is, I suppose it should be said—although it never is, is it?—a *working father*, and he was going to be juggling an infant and three classes all on his own for thirty-six hours. While Mark himself seemed oddly serene, I ratcheted myself up to a skin-prickling level of preparatory fear. How could I leave my baby? But somewhere in Birmingham, Alabama, flyers had been posted with my face on them. Could I call up and say, *You know what? I'm so sorry, but I haven't seen Jill Christman for months. She's going to have to cancel.*

Sometimes Mark and I wonder what our lives would be like if I had actually gotten on the plane on that morning in February. How things would be different. And I wonder if my dread—even then, before I knew what I know now, before I'd scratched in additional Things to Fear like items on a grocery list—was common sense trepidation (i.e., any fool knows not to schedule an overnight journey with a four-month-old exclusively breastfed baby) or a kind of misguided presentiment? Was my maternal premonition a genuine thing? Did I *know* something was going to go wrong? The answer to this question matters, of course, and I will never know the answer. Of course.

In the preceding weeks, I pumped like a madwoman,

throwing back the black leather flap that dressed up the electric milking machine, this dairy barn in a bag, as a hip briefcase, and submitting to the only aspect of motherhood I truly loathe. Wedged between the counter and the refrigerator with my breasts suctioned into their respective funnels, I tried not to despair as I watched one mean droplet at a time trickle down the plastic tubing and into the waiting bottles. I hooked myself up three times a day and froze the milk flat in special breast milk bags, but even so, the supply was meager. I hoarded that stuff like Gatorade in a fall-out shelter. “Listen,” I’d say to Mark as I sprinted out the door to teach, “I’ll be home at five. If you can hold her off, hold her off, okay?” Poor kid.

So we arrived at the Sunday before my Wednesday journey and I counted the thin, stacked packages of life-giving, scream-stopping milk with the tip of my finger: thirty-six ounces. I had shortened the trip to thirty-six hours, but would one ounce per hour be enough? Lacking easy-to-read calibrations on my breasts, I hadn’t the foggiest idea how much milk Ella consumed in a day or how much she’d need while I was gone. We didn’t know if we had enough. We knew there was a chance Mark would run out of the frozen bags and be forced to peel open a can of formula.

That’s why we did what we did, but I cannot tell you why we decided that seven P.M. on a Sunday evening was a good time to find out how well Ella would tolerate formula. We had nearly a case of the stuff stockpiled in the pantry because the formula companies had been sending it to us like sample packs of crack cocaine. The formula would arrive with shiny pamphlets about how “breast is best,” but wonder of wonders, if all else failed, the formula would be there, fortified with DHA and ready to replicate nature herself. Mark picked out a can and mixed up a bottle. Here’s what we wanted to know: Would she drink it? Would she get gas? Would it make her cranky? We didn’t consider the possibility that it could kill her.



Sunday evenings depress me. Sunday afternoon moves in like a blue haze across the beach and I want to dig a hole in the sand and crawl in. This could be a peaceful time, but the pressure of the coming week bears down on this day. Living with an infant, I had hoped to learn that life doesn't have to be a rush. Maybe life can settle in with a warm baby and warm cup of tea and put her feet up. I wanted to learn that these moments of simply *being* were enough.

I'm still working on it. Sometimes when I nurse, I can stroke her velvet temple, as soft as a horse's nose, and get lost in my imaginings of her life. I can think *I am somebody's mother. This baby in my arms, this beautiful, beautiful baby, is my baby and I am her mother.* Other times, this isn't enough, and I want to nurse and *get something done.* "Could you grab me? . . ." became a mantra in our house. I'd need a book, some paper, a catalog, the grocery list, a pen, the bills, my grade book, and on and on.

Nursing takes a lot of time—during those infant growth spurts, nursing can take *all* your time: I swear, at three weeks, at six weeks, for days on end, Ella nursed without ceasing. I'd missed this possibility in the baby books and I don't recall anybody mentioning it to me. I understood why so many women throw up their hands in despair and go running for the formula cans screaming *Can this baby not be sated? Will I never walk again?*



So on February 29th—that bissextile window of opportunity that comes around only once every four years—it was my turn to succumb to the formula temptation. I hadn't pumped enough. I was a nervous wreck, my head full of images of my baby screaming in desperate hunger and my equally desperate husband scrabbling through peas and pork chops praying for one more fallen bag of frozen milk. We had to try the formula. Just in case. I was typing up some class prep, pulled up to the table in the dim dining room with Ella resting in my lap on the Boppy pillow. She woke up hungry, and I was ready to breastfeed

when I realized this was a good opportunity. “We need to practice with the formula. We could do it now.”

Earlier, Mark had made a too-grim-to-be-funny comment that had been intended as a kind of hapless father joke, but turned out to be prescient:

“I’d die if she had a reaction to the formula and you weren’t here to help. I’d just lie down on the floor and die. And then she’d die too.”

“Honey,” I’d said, “you would not. You’d get her to the hospital.”

“I’d die,” he repeated dramatically.

“You would not!” I started to panic. “You would not! You would take her to the hospital!”

“Jill,” he said, “I’m kidding. I’m just joking. We’re going to be fine. I’m going to take good care of her. You need to *relax*. If we lose our sense of humor, we’re sunk, remember?”

And then we forgot all about this conversation until I suggested at seven P.M. that we should give it a try. Mark followed the directions on the can of Enfamil with Iron and filled a bottle. I didn’t watch him mix it. He handed me the bottle and I put the nipple between Ella’s little lips and she started to suck. She kept sucking.

“She likes it,” I reported happily. “Excellent. She likes it!”

My fear had been that she might reject it. I am full of fear. But I never get it right. I am never afraid of the right thing.

Formula leaked down Ella’s chin and into the fold of her neck. She stopped sucking and I removed the bottle from her mouth and checked the side—she’d only taken an ounce, but I figured that was good enough for our little experiment. Besides, I needed to finish typing the notes and I couldn’t hold the bottle and type at the same time. Sunday afternoon’s blue gloom had turned to black and the only light in the dining room was seeping in through the kitchen door. I couldn’t see Ella’s face. She was in shadow.

“Could you take her and change her diaper?” I called out to Mark. “I just need one more minute.”

There must have been several seconds after I handed her off before Mark screamed. “What’s wrong with her face? She’s getting a rash!” I was up and moving toward Mark and the baby and the rash and then the next ten minutes are panic and screaming and running. On the well-lighted pad of the changing table, I could see the red circle around Ella’s mouth, a ring of blistering welts; and even in the seconds I stood there, the welts multiplied and spread, onto her cheeks and down onto her neck, as if we were watching an accelerated film. *We need to wash it off! We need to wash it off!* And I was swabbing a cool, wet cloth over her face and neck, but nothing, and then she started to cry, from watching us, or from her own sense of something terribly wrong, we’ll never know, but the cry sounded strangled, as if she were strangling, and that’s when the gurgling began—a clog in the drain of the too-small throat of our baby.

The next minutes are a blur. Mark picks her up and runs. I turn circles around the house for seconds that seem like hours—time is all fucked up when your baby is gurgling. I scream that we need to call someone. *We need to call the doctor. We need someone to tell us what to do.* But Mark has Ella in her car seat and somehow the dogs are locked safely in the house and I am beside Ella in the backseat, leaning over her, listening to the gurgle, watching her face, *come on baby come on baby come on baby*, and Mark is backing up fast.

This is the moment I come back into my mind. There’s nobody to call or to talk to—we just need to get to the hospital, and what is so miraculous about this moment is that we live only four blocks from the door of the emergency room. Only four blessed blocks. Ella’s not crying anymore. I wish she would cry: red and swollen and gurgling. *Come on baby come on baby come on baby.* And Mark is yelling from the front *Is she okay? Is she okay? Is she breathing? Is she okay?* And that fast we’re swinging into the half circle in front of the emergency room doors and I’m unclicking the seat and running with it inside while Mark drops off the car. I have the car seat with my baby’s face in sight snug on my hip and I’m running through the revolving door even

though I'm claustrophobic and I hate revolving doors because that trapping door is the fastest way to the nurse at the long shiny desk at the back of the waiting room. I see only the face of this nurse, a man, because I know he's my way in. All of the other people in the waiting room look like wallpaper, their faces blending together in a smear of color and expression.

"My baby!" I scream. "My baby's not breathing!" Even in this moment of terror, I know what I am saying is not technically true. She is gurgling. I can hear the sound of air moving in her throat, passing through liquid or swelling or something, but I know that it is there. I do not know how long she will be like this. I do not know how fast this is all happening, and I have never known a more appropriate time for some high-volume hyperbole.

It works. Another nurse appears from behind the first one and runs to the front of the desk. She grabs the handle of the car seat and disappears with my baby through the flapping doors of the ER. There are no insurance forms to fill out. I print Ella's name and sign my own. That is all. "You can follow her," the male nurse tells me. I scream again. "My husband is right behind me. Tell him where we are." Flapping doors have never looked so much like a giant's mouth, a monster's slathering maw, and my baby has gone into them. Inside the doors, people buzz everywhere and my head is whipping, scanning. I feel animalistic, as if I'll smell my baby. That is how I'll find her. At the center of this hive, I see a cluster of people gathered around something on the floor and then I see her foot. Ella is on the floor of the nurses' station and they're drawing up shots.

"How much does she weigh?" someone yells at me, but it's been over a month since her last appointment, and I know she's grown.

I tell them this. "Maybe sixteen pounds."

The infant scale in the ER isn't working and the nurse is screaming. She is panicking. Now Mark is here too. I jump onto the regular scale and yell out the weight. Then I grab Ella and jump on. "Subtract! Subtract!" I shout because I cannot think. I cannot take 162 from 178. Numbers mean nothing. Give her

the goddamn shot!

“Sixteen!” Mark shouts. “Sixteen!”

And right there on the floor, the doctor plunges a shot of Benadryl into one thigh and a shot of steroids into the other. The needles look huge. Each one is as long as her thigh itself. When you’re a baby in an ER, the proportions are all wrong. Everything is way too big. She is in my arms, wearing only a diaper, and her eyes roll back in her head and then close.

“What’s happening? What’s happening?” I scream. I think she has died. I think they have killed my baby.

The doctor smiles at me. “She’s sleeping,” he says. “It’s the Benadryl. It puts them right to sleep.”



All of the ER rooms were full and so we stayed there on the gurney in the middle of all the activity. This was fine with me because when the doohickey that measures the concentration of oxygen in Ella’s blood started to beep and the number blinked and descended: 98, 92, 86, 65, 86 . . . I yelled and somebody checked it. The wire had tangled. The clamp on her toe had loosened. It’s always something. Ella woke up and I offered her my nipple for comfort. Soon, an older woman—a volunteer?—was throwing a hospital sheet over me and the baby, shielding us as if I had begun a striptease right there in the ER. *Oh we’re so sorry*, she mumbled. *For your privacy, for your privacy . . .*

“I’m fine,” I insisted. “I’m okay. Listen, any scrap of modesty I might have had, I lost during childbirth. I don’t care.”

She continued tucking the sheet around me, trying to hide my breast. “I’m so sorry. We haven’t had somebody out here since the new emergency room opened. Every room is full! Here you go.”

“Really,” I said, fighting an urge to peel my shirt off completely and do a little dance around the emergency room to assert my rights as a nursing mother in a hospital of all places. “I’m really fine.” The whole scene felt so otherworldly to me. First, there

had been the panic of the reaction—*She could have died*, I kept muttering to Mark, *she could have died. My God. Thank God. You were great. You just ran with her. You were great. Thank God. Oh my God, what if we'd bought the house out in the country? Thank god we live just four blocks from the hospital. She could have died*—the period of calm after the first rush of trauma is not a time of ambitious language. All of my synapses were still swimming in the adrenaline of the moment and I could feel the runoff of the chemicals in my bloodstream, the pollutants circulating down my arms and legs, making my hands and feet feel tingly and not quite a part of me. The only part of my body that felt real and solid was my breast and the small electric pull of Ella's mouth on my nipple, connecting me to her and her to me. I was so grateful to be able to comfort her. Mark and I looked down at our resting baby, breathing fine now, and the beeping numbers of the monitor, assuring us that the oxygen was getting in. The room buzzed around us and Ella started to whimper. I threw the sheet over our heads and made a tent for the two of us, rocking and rocking, singing *Summertime, and the living is easy, catfish are jumpin'* . . .

Through the filtered light of our white world, I saw the rash spread farther down her naked belly and move onto her thighs. I threw back the sheet and sounded the alarm. The bald-headed doctor was back and ordering an IV. His fear was that Ella could be experiencing a secondary reaction. There was a room for us and we were rushed into it and a team came down from Pediatrics to put in the IV. I remembered one of the nurses as the one who had successfully drawn blood from a feverish Ella two months earlier after her Attila the Hun partner had failed, and I was glad, but when I saw her finger come to rest on Ella's head, palpating the tiny trace of a blue vein running out toward her temple, I felt my knees start to give. "I'm sorry, honey," I said to Ella. "Your daddy's going to stay with you. . . ." And I moved into the hall, to wait and to pray.

In the world outside our own, another family's drama was unfolding. Another baby, a tiny one, only two months old,

was turning blue in her struggle to get air. I overheard that her oxygen number had dropped down into the eighties. We two mothers, out in the hall, eyed each other warily. *Come on, little baby*, I thought. *Come on*. A nurse ran into the room with Ella, who was now screaming and screaming and screaming, and I heard her tell our nurse that the little baby needed an IV, her numbers were dropping, and I said, “Go, go . . . Go help her.” What we were doing was a precaution. That baby was fighting for her life. I can’t imagine that what I had to say had anything to do with hospital policy, but strangely, it seemed to. One of the technicians went to the other baby. I saw the mother talking to the father in panicked whispers out in the hall. He handed her a pack of cigarettes from the pocket of his jeans. She fled out the front doors with a crazy look in her eyes. Later, we heard the helicopter on the roof and our nurse told us they’d come for that baby. RSV. Respiratory syncytial virus. They were taking her to Indy. *Come on, little baby*, I thought again, *Come on*.



At eleven o’clock, when they brought us up to our room in Pediatrics, I nursed Ella, all wires and toe clamps and beeping monitors, in the vinyl easy chair, as uneasy as such chairs get, and watched the tail end of the Academy Awards, shaking my head at the strangeness of it all and knowing that there would be no reading in Alabama. I would be going nowhere. Mark went home to check on the dogs and brought me back a sandwich. I convinced him to go back and get some sleep and then I considered my options: the uneasy chair or the hospital crib. There was no way I was going to put Ella in the monkey cage of that white metal barred crib alone, so I lifted her little body over the side and then I climbed in myself, curling my big body around hers, and still singing . . . *Your daddy’s rich and your mama’s good lookin’, so hush little baby, do-on’t you cry. . . .* We actually got some sleep, me and my breathing baby.



In the months following this first reaction, when somebody's mother or another suggested that we give some rice cereal, or peas, or bananas a try, I parroted back the doctor's orders that we give her *nothing* but breast milk until she'd been fully tested at six months: *The doctor told us to breastfeed exclusively until after the skin tests. She could die.* My dire warnings never really stuck and I repeated the doctor's orders many times—it's so hard to imagine healthy foods as lethal agents, isn't it? Before that night with the formula, food allergies were not part of my world. Sure, I'd heard stories about kids who were allergic to peanuts—information I stored in the inchoate place in my brain where I'd locked in my only other brush with an epinephrine injection: at a Connecticut cookout when I was maybe six, there was a kid named Tony, a Fresh Air kid from the Bronx who stayed with this family every summer, friends of my dads. We'd finished husking this giant vat of corn on the cob and we were playing ball on the edge of the yard while the adults dealt with things that weren't a six-year-old's concern—the grilling of burgers and collecting of condiments—when Tony was stung by a bee and started to have a reaction with swelling lips and bent-over wheezing. I remember group panic, the giant shot, and then the end of the party when Tony and our hosts left for the nearest emergency room.

What sticks with me is my horror at what I learned that day: Tony could have died. A bee, a little bee, could kill you. (A bee didn't kill Tony. A couple of years later he was killed by a gun in a Bronx warehouse. The story I heard was that the shooting was accidental. He and some other kids were playing with the gun and it went off.)

Now that I'm writing this, I wonder: was it Tony who had the venom reaction at the barbeque or was it his Connecticut brother? Maybe if I called my father he could tell me which boy it was, but here is the information mashed together in my mother-brain—things that can kill your kid: bees, guns.

Next to this, I add: food.

### Part Two: The Specialist

We left the doctor's office and walked down the hall in stunned silence. "What just happened in there?" Mark said. "I feel like we've just been robbed at gunpoint." As we crossed the parking lot of the medical building, I half-expected Alan Funt to jump out from behind one of the newly planted hedges and yell, "Surprise! You're on *Candid Camera!*"

Nothing. We meekly shut ourselves into the car, shaking our heads.

Mark repeated his question. "What just happened in there?"

The appointment with the specialist who had been so highly recommended by our pediatrician and for which we had waited one full month and driven one full hour had lasted two long hours. We got *nothing*. Here are the highlights, all of which when considered with the wisdom of time read like clues:

- 1) The allergy specialist, Dr. A, works alone in a small office with a large set of pristine children's books. I was attracted to the titles of these classic stories and when I pulled *Mrs. Tiddly Winks* from the shelf and opened it up to read to Ella, the cover actually cracked. The book had never been opened. In the corner of the office, there was a neat box of toys. No children. No other patients except an old woman sitting in a chair by the door reading a book. She was there when we arrived and she was there when we left. In retrospect, she could have been a hired actor: Patient Waiting.
- 2) When I called for directions, neither receptionist seemed to know where they were. Seriously. There's a major freeway not one mile from the office and they didn't know which exit we should take.
- 3) Both isolated receptionists were beside themselves with glee at the presence of a sweet baby in the office:

“We’ve never had one this little in here! Look, Evelyn, a *baby!*” The eyebrow I had curved dramatically in Mark’s direction into a replica of the St. Louis Arch in response to this statement went unnoticed by both receptionists. In retrospect, of course, this is the point at which we should have acted. We should not have waited placidly with the Reading Woman, filling in forms and allowing ourselves to be moved like dutiful sheep . . .

- 4) . . . into a room with a round table and four chairs. The blinds were closed tightly against the sun and on the wall a poster danced with horses. When we refused her offer of a beverage, the receptionist asked again: “Are you sure? Well, if you change your mind, let me know. It’s a long appointment.”
- 5) Dr. A entered. Mark and I continued to smile passively as we made our greetings. Dr. A’s advanced age—maybe seventy—was a poor match with those shiny books in his waiting room and our pediatrician’s assurance that he was using cutting-edge techniques. Also, he was hideous. His ruddy face was covered with angry red boils, scabs and rashes, and I was thinking, “*My goodness*, Doctor. Can’t you *take* something for that?” This was not a nice thing to think, I know, but I was in the midst of making a poor decision for my baby’s healthcare—here was yet another “expert” who was about to mess with us—and on some level I already knew that, so I was acting out a bit.
- 6) The man had no sense of humor. That always makes me nervous.
- 7) He set a legal pad on the shiny table and started scratching at it with the ill-sharpened pencil he held in his gnarled hand. We began by telling him why we were there and

giving him the details of the February emergency room visit occasioned by Ella's first sips of milk-based formula: the hives, the gurgling, the anaphylactic reaction. He listened sedately, scratching away, turned the formula can over in his hand with little interest, handed it back to us, and then he started in on his questions. He asked us many, many questions.

*How many stories does your house have?*

*Two.*

*What kind of foundation?*

*What do you mean? Concrete, I guess.*

*Does it have a basement?*

*Oh. Yes.*

*So are you counting the basement as a story?*

*No. There's a basement and two floors.*

*What kind of heat? . . . What kind of mattress? . . .*

*Pillows? . . . Houseplants?*

*No. I killed them. Oh, yeah, we have a cactus, but I don't water that. . . .*

*Cleaning supplies? . . . Flooring? . . . And what about your mother? Is your mother allergic to anything?*

And on and on ad infinitum.

- 8) After an hour of this, Ella, of course, got bored and started fidgeting. Dr. A kept half a wary eye on her.

*Oh, look! She's a little red there.*

Indeed, there was a red splotch on Ella's neck. This was not uncommon. Ella is sensitive.

*Do you think it's your watch? Is she reacting to your watch?*

I don't know! Why don't YOU tell ME?

- 9) Finally, it was time for the physical exam and, we imagined, some sort of testing to determine what foods Ella was allergic to so that we'd know how to begin feeding her. He led us into the adjoining examination

room, mumbled something about not having a scale small enough for a baby, and then, while I sat in another chair holding Ella, he listened to her chest with an ancient-looking stethoscope. I swear it looked as if he were *playing* doctor. Then he looked behind her knees and her ears. He didn't say anything about what he was looking for in these places. Magic pennies? Oddly, he fondled Ella's fontanel with his fingertips for a long moment. (Afterward, Mark noted that perhaps Dr. A wasn't aware that babies were born with these soft spots and he was thinking *My God, this baby has a hole in her head! This is way out of my league!*) And, with that, after all of five minutes, with the baby still fully dressed, the physical exam concluded and we all filed back into the question-and-answer room. Dr. A spoke:

*So, he began, what were you hoping to get out of this appointment?*

This is when it hit us. We'd been screwed. But we persevered. Perhaps we could still get something out of this guy. I can't remember which one of us responded to Dr. A's asinine question. Probably both of us.

*Well, we were hoping to find out, you know, what she's allergic to. We were hoping to be able to start introducing her to some solid foods.*

*Oh! Well. Well. She's much too young for testing and I wouldn't want to try it in an office setting. Much too risky given the severity of her reaction.*

Nothing. We were getting nothing. He continued.

*You'll need to take her to Riley's Children's. But you'll want to wait until she's six months old.*

*She is six months old!*

*No. No.* He flipped back to the top of his legal pad where I could see he had scribbled her correct birthdate—November 6, 2003—and next to it “Four months old.” We were sitting at a round table with Dr. A on the last day of April.

*That's when she had the formula, I corrected. She was four months old when she had the reaction. Now she's six months old.*

He looked sheepish. *Uh. Yes. Well, I was thinking that she had pretty advanced motor skills for a four-month-old!*

Holy shit. We persevered. At this point, I was standing, ready to leave, with Ella perched on my hip like a monkey.

*Is there anything else I should be doing? As a breastfeeding mother?*

*Yes. Well. Yes. You know, in other cultures, children are breastfed much longer. You should continue to breastfeed as long as possible and you should be eating a basic, common foods diet.*

*What do you mean?*

*Just a common foods diet.*

*And what would that be?*

*No exotic foods.*

*Right. And what, exactly, would you consider to be an exotic food?*

*You know, just those foods that aren't your more common foods.*

Double triple holy shit. I couldn't give up. I knew I was paying through the nose for this appointment. I wanted to start listing the most exotic foods I know—iguana jerky wrapped in steamed banana leaves? Deep fried breadfruit served with anise star dipping sauce? A Caribbean green fig and salt fish pie? But I restrained myself. I did.

*So, say, a shrimp? Would shrimp be considered exotic? Dr. A was a skittish iguana backed into the corner of the iguana trap.*

*Maybe exotic was the wrong word. Just stick to your more common foods diet.*

And that was that. We were done.

## Part Three: The Strict Avoidance Diet

After the debacle with Dr. A, we did indeed get Ella into an actual allergist at Riley's Children's Hospital in Indianapolis. The doctor checked Ella's charts, studied the formula can, and then she sent in a nurse with the constitution necessary to poke babies with pins for a living. Thank God there are people like her. I held Ella facedown in my lap while this remarkable woman made a map of Ella's food life on her back with a blotting purple marker. "Sorry, Baby," she said to Ella, and then, faster than a short order cook flashing her spatula across a griddle, she poked in her ten droplets: two controls (reactive and not), milk, casein (a milk protein), whole egg, peanut, codfish, coconut, soy, and wheat. Scratched with needles from the nurse's chemistry kit and left to sit next to a ticking timer like a soufflé in the oven—would the eggs and milk make her rise?—Ella cried and cried. Within minutes, mountainous welts appeared in four places, and when the doctor came back in, reading out numbers to the nurse, we finally knew something definitive about our daughter: she is allergic to milk, eggs, and peanuts. It had been the milk in the formula that had almost killed her that Sunday night. With just a skin test, there is no way to know how severe her reaction would be to eggs and peanuts, maybe a few hives around her lips or maybe an anaphylactic reaction. Food allergies have no cure, and so the only prevention is the Strict Avoidance Diet.

The nurse redeemed herself in Ella's eyes by presenting her with a plastic doll in a ruffled pink smock and a candy-pink plastic cell phone: little gifts for sick little girls. A year later, she still prizes these molded plastic souvenirs from Riley's. Weird. Our prize was another EpiPen Junior. We were warned to store it at room temperature and take it with us everywhere we went. Forever.



Ella's body is just doing its job—the allergic reaction that could kill her is in fact her body's bold gesture at self-preservation.

When I was twenty years old, my fiancé was killed in a car accident. Once I learned what it was for someone to be there, and then—smash—be gone, I saw the possibilities for loss everywhere. If my husband walks across the street to the drugstore, I imagine first that a truck takes him out in the intersection, and next, after much mental wrangling, that he buys the package of diapers and makes it home without incident. After I got a taste of sudden death, I started to build up my defenses against it. A therapist once told me that my chances of outgrowing chronic fear are small. *Your body*, she said, *wants to be ready. You don't want to be surprised again. This is normal. This is self-preservation.* This makes sense, but it's a hard way to live.

Somewhere along the way, Ella's immune system decided that milk, eggs, and peanuts are the enemy and created an antibody called immunoglobulin E (IgE) to fight off the invaders. Allergies are the most essential kind of irony. Like my brain, Ella's body is afraid of the wrong things—so afraid that now these once benign forces have become deadly. A sip of milk sounds the alarm and Ella's body sends her IgE army out, digging into trenches along the mast cells—in the skin, the lungs, any soft mucus membranes. In their turn, these cells release histamines, and there is your allergic reaction: swelling, hives, wheezing. Every war is a series of action and response.

Here's another irony that I'm only now coming to realize: given that Ella was exclusively breastfed before she had her first reaction to that formula, she must have been sensitized to these foods either in utero or through breast milk. I drank the cow's milk, ate the chicken eggs, crunched the peanuts—and somehow, denatured or no, her body took up arms against these protein-packed foods. Never much of a milk-drinker, I had a glass with my dinner every night when I was pregnant. *It was good for the baby.* I boiled eggs, peeled them, and stood over the counter with a salt shaker trying to cram in that extra protein for the baby's developing brain. I finished off my snack with a handful of mixed nuts. I ate these rich foods to nurture my growing baby.

I breastfeed Ella for her health—the advantages of mother’s milk could fill pages. Besides, she would have developed allergies on her own when we served up scrambled eggs on her high chair tray, right? Nobody really knows.

#### Part Four: May Contain Traces

Last July, not long after her first skin tests, Ella and I boarded a commercial flight in Dayton bound for Atlanta to visit my brother. I’d just gotten her strapped securely into her baby flight vest when a hotel and bar owner who ran his business in Dayton, but kept his primary residence on the coast of Florida, slammed down beside us in 23E. Filling his entire seat and about a quarter of ours, he waxed poetic on the glories of Miami Beach. A land, he informed me, like a *Playboy* magazine flipped open and sprung into flesh. A land where he keeps his 2004 Corvette. A land where he likes to drive with the top down.

I knew all this before we had even lifted off the runway.

In my former, childless life, I would not have had this information about 23E to share because I would not have been talking to this man. I would have nodded a cordial, but most likely silent, hello, and then I would have returned my nose to the book I was reading where my attention would have remained throughout take-off, in-flight and landing. When the drinks and pretzels arrived, I would have opened the snacks without consulting the ingredients and poured them out on a napkin so I could enjoy my six pretzels and continue reading.

But there is no reading when you travel with a baby, is there? Also, babies have learned no social restrictions. Consequently, when the drinks and pretzels arrived, I was chatting with my seatmate about the merits of maternity leave—don’t ask—and prying Ella’s fingers from the thick gold chain on his tanned and hairy wrist. It was extremely shiny. Who could blame her?

The man harrumphed at the pretzels and said something about peanuts and airlines and how this was the first time in a *long* time he’d traveled in economy class. He offered his pretzels to me and said, “I brought my own can of peanuts.”

Oh dear, I thought. “Umm. Did you know that peanut allergies have risen something like fifty percent in the last ten years? It might not be the peanuts, they say. It might have something to do with the soil the peanuts are grown in. . . .”

“Yeah,” he said gruffly. “Just another way for the government to control us. No peanuts! I’d say the chance of my sitting next to someone with a *peanut* allergy on a plane is about the same as my chance of getting hit by lightning.”

Right.

“Well,” I said, “*actually* . . . my baby is allergic to peanuts.” Then I added, smiling, “But I do hope you don’t hit by lightning.”



Last night I dreamed that we forgot about the allergies and fed Ella a whole, peeled, hard-boiled egg. In the dream, Ella was munching happily into the crumbling yellow yolk when we remembered: *She can't eat that egg! Stop her! Take the egg! Wipe her off! Where's the EpiPen?*

In our waking lives, the chance of such a brain breach is small indeed. In our house, grated cheese is a biohazard, and given that Ella’s skin has flared to a four for both yolks and whites on the skin prick test, I’d hand her an egg right after I saw a fat pig fly overhead, or, say, on the same afternoon that I scheduled a follow-up visit with Dr. A. But anxiety dreams are anxiety dreams. I’ve never *actually* shown up naked to teach on the first day of class, but last year when spring term began in the middle of ice storm clean-up and we were still without power, I did start a class with this announcement: “My basement is ankle-deep in water and we haven’t had heat for a week, so you won’t be getting a syllabus today. . . .” Things happen.

We want to send Ella to daycare a few days a week, and every provider I’ve spoken with assures me they’re equipped to cope with allergies, but what of the kid who stuck a Cheez-It in his overall pocket before morning circle? What if he decides he

wants to share with Ella by palming the illicit cracker discreetly into her chubby hand? What if she carries the bright orange square into the corner behind the foam blocks and pops it on her tongue—cheesy, crunchy goodness. What if nobody notices? Within minutes, somebody would have to notice and then that somebody would have to remember exactly what to do. I imagine myself down on my knees by the door frisking each entering toddler for contraband Cheez-Its. I don't think the other parents would take well to a wild-eyed, panicky woman giving their babies the pat-down even in the name of life-threatening allergies. I don't think I want to be that woman.



We went back to Riley this summer for what will be an annual visit, and just before the back-mapping, I had a flash of hope: “What if she's outgrown them?”

And Mark, ever the pragmatist, replied: “She hasn't.”

He was right. She hadn't. But she might. Someday, she might. Her odds for outgrowing the milk and egg allergy are good: sixty percent. I've read about a lucky kid who outgrew his allergies at age twelve. His mother threw him a dairy fest with enough cheese pizza and ice cream to kill a cow—but happily, not a kid. Not this time. We hold out hope. Peanut allergies are more enduring, and only twenty percent of kids will outgrow these, but in 2003 scientists came out with a drug called TNX-901 that can actually treat peanut allergies. Still being tested, the basic idea for this expensive treatment (over \$10,000 per year) is that with monthly shots, a peanut-allergic kid for whom a lip-touching trace of peanut might have caused an allergic reaction could now eat ten or so peanuts without kicking in the histamines. This is not an invitation to throw a Peanut Buster party, but it could certainly save a life or two.

George W. has even signed a bit of legislation that will change our lives—in a good way. The Food Allergen Labeling and Consumer Protection Act stipulates that food manufactured on

or after January 1, 2006, must identify “in plain English” the top eight allergens: milk, egg, fish, crustacean shellfish, tree nuts, wheat, peanuts, and soybeans. One idea is that even a kid will be able to read labels to determine safe foods, but if you have food allergies in your family, you already know how these bold announcements—**Contains Milk, Eggs, Wheat**—save time and anxiety. If you don’t have food allergies in your family, maybe you haven’t even noticed. Before Ella, I read labels only occasionally, and then, just to see how fattening or sugar-laden some packaged food was before I bought it and ate it anyway.



At Riley Children’s, there are kids with leukemia and holes in their hearts and other horrors I know I cannot even begin to imagine. When we go in for Ella’s allergy appointments, we see parents with drawn faces pushing toddlers hooked up to oxygen machines in wheelchairs. Last time, we rode in an elevator with a boy, maybe ten, with the sallow skin, dark circles, and wispy hair of a chemo patient; his mother, standing by him with her hand on his shoulder, was so beaten down by suffering that she looked almost unreal. I think I could have reached out and pushed her—hard—and she would have just rocked back into position, expressionless, holding her hand on her son’s shoulder. This mother’s vigilance will not help save her son. She can monitor every morsel he puts in his mouth for the rest of his life and her vigilance will not make a difference. The cancer cells multiplying in her son’s body won’t care one way or the other. She can pray that the chemo works.

I pray that the chemo works, and I leave Riley with my heart in my throat, clutching my food-allergic daughter and thanking my lucky stars. I only have to hear about something once, reliable source or no, to be afraid. Garage doors? Skull crushers. Roller coasters? A big cover-up of accident statistics by those who make their living off the thrill of fear. Grapes? Known choking hazard, right up there with hot dogs but without the harmful growth

hormones. Pop Rocks? Don't even get me started.

Now, with Ella's allergies, I have this real and dangerous thing to worry about—but here's the miracle: my vigilance makes a difference. I can bake special cookies, study labels, type up meticulous instructions for her teachers, wipe her down and hold her up to the light to check for hives. These are things I can *do* to protect my daughter. My worrying *matters*.

Doesn't it?